

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/800,129-Conf. #6958
		Filing Date	March 8, 2004
		First Named Inventor	Gera Strommer
		Examiner Name	E. M. Chao
		Art Unit	3737
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00		Attorney Docket No.	02649/0200987-USO

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																						
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)															
Utility	300	150	500	250	200	100	_____															
Design	200	100	100	50	130	65	_____															
Plant	200	100	300	150	160	80	_____															
Reissue	300	150	500	250	600	300	_____															
Provisional	200	100	0	0	0	0	_____															
2. EXCESS CLAIM FEES																						
Fee Description	Fee (\$)	Small Entity Fee (\$)																				
Each claim over 20 (including Reissues)	50	25																				
Each independent claim over 3 (including Reissues)	200	100																				
Multiple dependent claims	360	180																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><u>Total Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"><u>Multiple Dependent Claims</u></td> </tr> <tr> <td>33</td> <td>33</td> <td>0</td> <td>50.00</td> <td>0.00</td> </tr> <tr> <td colspan="5">HP = highest number of total claims paid for, if greater than 20.</td> </tr> </table>								<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	33	33	0	50.00	0.00	HP = highest number of total claims paid for, if greater than 20.				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>																		
33	33	0	50.00	0.00																		
HP = highest number of total claims paid for, if greater than 20.																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><u>Indep. Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>2</td> <td>3</td> <td>0</td> <td>200.00</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>								<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	2	3	0	200.00	HP = highest number of independent claims paid for, if greater than 3.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																			
2	3	0	200.00																			
HP = highest number of independent claims paid for, if greater than 3.																						
3. APPLICATION SIZE FEE																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____	= _____																			
4. OTHER FEE(S)																						
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)																		
Other (e.g., late filing surcharge): 1253 Extension for response within third month				1,020.00																		

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	25,351 Telephone (212) 527-7770
Name (Print/Type)	S. Peter Ludwig	Date	April 10, 2007

AMENDMENT TRANSMITTAL LETTER			Docket No. 02649/0200987-US0
Application No. 10/800,129-Conf. #6958	Filing Date March 8, 2004	Examiner E. M. Chao	Art Unit 3737

Applicant(s): Gera Strommer et al.

Invention: AUTOMATIC GUIDEWIRE MANEUVERING SYSTEM AND METHOD

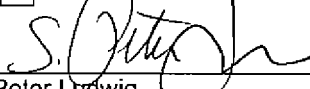
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	33	- 33 =	0	x	50.00	0.00
Independent Claims	1	- 3 =	0	x	200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): Extension for response within third month						1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1,020.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ Payment by credit card.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


S. Peter Ludwig
Attorney/Agent Reg. No.: 25,351

Dated: April 10, 2007

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7770